

AN EVALUATION OF A VILLAGE HEALTH WORKER PROGRAM
IN INDONESIA

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Primary health care is an alternative approach to improve the unacceptable health status of the majority of world population. It is expected to make essential health care universally accessible to individuals and families in the community in an acceptable and affordable way and with their full participation. The village health worker scheme was implemented in the Yogyakarta Special Territory of Indonesia in 1981, in an attempt to provide primary health care.

This research has attempted to evaluate the function of village health workers in health promotion, prevention and curative services provided for rural children under five years of age.

A survey was conducted to determine maternal knowledge of childhood infectious diseases and childhood immunization, and to compare the immunization status of children aged 6 - 23 months in villages with and without a village health worker. A cohort study was carried out to compare the medical care provided for diarrhea, fever and cough to children aged 6-59 months in village health worker.

It was expected that the DPT immunization coverage (2-doses) of children in villages with a village health worker would be 10 percentage points higher than that of children in villages without a village health worker. It was also expected that the medical care provided by the village health worker would not be substantially inferior to that provided by health centre personnel (i.e. the frequency of a poor outcome of illness would not be more than 10 percentage points higher among the former).

A multivariate analysis showed that DPT immunization coverage in villages with and without a village health worker was not statistically significantly different. Coverage of BCG immunization was better in villages with village health workers, but coverage of polio immunization was better in villages without village health workers.

No outstanding or consistent differences were found between study and control villages in maternal knowledge of childhood infections. In both groups, maternal knowledge was less than optimal.

The availability of village health workers in the villages reduced the duration of illness before the child was brought for medical attention. Village health workers were less aggressive in giving drugs for diarrhea, fever and cough and more aggressive in giving oral rehydration solution for diarrhea. Virtually all mothers in both groups received advice on the use of medication. There was a limited number of mothers in both groups who received advice about feeding and breast feeding of the sick child.

In univariate analysis, the health care system with village health workers showed a better outcome for diarrhea, fever and cough than the health care system without village health workers. After adjustment for potential confounding variables the differences were not significant.

The over-all mortality rate and the mortality rate for diarrhea in children under five years of age was lower in the villages with village health workers but the differences did not reach statistical significance.

The result suggest that the village health workers provide adequate care for common childhood illnesses but do not enhance immunization coverage of the child population. Definitive studies need to be carried out to determine the best means of training of the village health worker to provide preventive services as well as therapeutic services for common illnesses.

pengumuman

Pusat Penelitian Studi Kependudukan (PPSK) UGM menawarkan beasiswa jangka pendek kepada mahasiswa strata 2 dan anggota kelompok pengajar yang sedang menyelesaikan tesis atau penelitian berkenaan dengan child survival (dengan masalah-masalah yang berhubungan kesehatan ibu dan anak) untuk bimbingan dan pembiayaan studi kepustakaan, analisis data, penafsiran data, dan sebagainya. Keterangan lebih lanjut dan pelamaran ditujukan kepada DR Masri Singarimbun di PPSK.
